

Consultation form

Your logo

Thank you for booking a consultation. These questions help us make the most of our time together. Answer what you're comfortable with, and we'll go through it when we meet.

01 About you

Full name

Preferred name

Email

Phone

Date of birth (optional)

How did you hear about me?

Emergency contact: name, relationship and phone

How would you like to train?

☐ In person ☐ Online ☐ Both

Days and times that usually suit you

02 Your goals

What would you like training to help you do?

Why is this important to you now?

What would make the next three months feel worthwhile?

Have you worked towards this before? What helped, and what got in the way?

03 Activity and training

How active are you in a typical week? Include walking, sport and any training.

Training or sports you’ve done before

Activities you enjoy

Activities you’d rather avoid

Equipment you can use (at home, at a gym or elsewhere)

04 Health and readiness

This section helps us train you safely. If you’re not sure about an answer, tick “Not sure” and we’ll talk it through.

Do you have any diagnosed medical conditions?	☐ Yes	☐ No	☐ Not sure
Do you take any medication that could affect exercise?	☐ Yes	☐ No	☐ Not sure
Are you pregnant, or have you had a baby in the last year?	☐ Yes	☐ No	☐ Not sure
Do you have any current injuries, pain, or surgery in the last year?	☐ Yes	☐ No	☐ Not sure
Are you under the care of a GP, physiotherapist or specialist for anything that affects exercise?	☐ Yes	☐ No	☐ Not sure
Has a health professional ever advised you to limit or avoid any kind of exercise?	☐ Yes	☐ No	☐ Not sure

If you answered yes or not sure to any of these, please tell me more.

Your trainer may also ask you to complete the PAR-Q+, a separate health-screening questionnaire, before you start training.

For your trainer

☐ Go ahead

☐ Adapt the plan

☐ Clearance needed first

☐ Refer on

Notes and next step

05 Lifestyle

How well do you usually sleep? (1 = poorly, 5 = very well) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How stressful is life at the moment? (1 = calm, 5 = very stressful) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Your working day is mostly
☐ Sitting ☐ On your feet ☐ Shifts ☐ Varies

How would you describe your eating at the moment, and is there anything you'd like help with?

Is anything likely to make the next few months harder than usual?

06 Starting point

Trainer to complete with the client

Date

Measures agreed with the client
☐ Body weight ☐ Waist ☐ Resting heart rate ☐ Strength or movement notes
☐ Progress photos (separate consent below) ☐ Other

Measure	Starting point	Review date

Movement and strength notes

07 **Your information and consent**

I'll use your answers to plan safe, suitable training and to review your progress. They're stored in [where], seen only by [who], and kept for [how long] after we stop working together. You can ask to see, correct or delete them at any time. My privacy notice explains more: [link].

Consent

- ☐ I agree to [business name] collecting and using the health information in this form to plan and review my training.
- ☐ Optional: I agree to progress photos being taken for my own records.
- ☐ Optional: I agree to my progress photos being used in [business name]'s marketing. I can say no to this and still train, and I can withdraw consent at any time.

Client signature	Date

08 **Agreed next step**

Trainer to complete at the consultation

Package agreed	Price and payment
First session	First review date
Agreed first step	